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HINTS AND DIRECTIONS

FOR THE USE OF

CLINICAL CLERKS

AND

Students of Clinical Medicine.



These Directions and Memoranda are compiled chiefly from the tables drawn out by Dr. Kilgour, and from the works of Dr. Walshe and Dr. Bennett. The order here suggested for the Examination of Patients is considered the most convenient and useful; but in some cases, the arrangement may be advantageously altered, as, for example, by placing the Previous History before the History of Present Illness, and the Examination of General Symptoms (*see* page 10) after the History of Present Illness, and before the Examination of Special Regions.

All students are strongly recommended to take methodical notes of the cases they examine, as being the best means of acquiring correct habits of observation, and of becoming familiar with the different aspects of disease.

ABERDEEN ROYAL INFIRMARY,
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DIRECTIONS, &c.

I. DESCRIPTION OF PATIENT.—NAME, AGE, OCCUPATION, PLACE OF BIRTH, PRESENT ABODE ; in *females* whether *married* or not, number of *children* ; DATE OF ADMISSION into HOSPITAL.

II. HISTORY OF PRESENT ILLNESS.— Its *supposed exciting cause*, *date of seizure*, mode of invasion, *subsequent symptoms* in order of succession. *Treatment*, if any, and *effect* thereof.

III. PRESENT CONDITION OF PATIENT.—

1. EXAMINATION OF SPECIAL REGIONS OR FUNCTIONS, *commencing with the one presumably the most affected* :—

Nervous
System.

HEAD.—Form, marks of injury. Pain, or morbid sensations. BRAIN—*Intelligence* augmented, perverted, or diminished ; cephalalgia ; hallucinations ; delirium, stupidity, &c. ; sleep, dreams, vertigo, stupor, coma. SPINAL CORD AND NERVES—Pain in back. *General sensibility*, increased, diminished, or absent ; *special sensibility*, sight, hearing, smell, taste, touch, their increase, perversion, or diminution ; spinal irritation as determined by percussion ; motion, natural or perverted ; fatigue, pain on movement ; trembling. *Convulsions*, continued, irregular, paroxysmal. Contractions, rigidity, *paralysis* of motion, of sensation.

MEMORANDA.—The brain is essentially composed of three distinct parts—1st, *brain proper*—seat of the intelligence; 2nd, *cerebellum*—seat of the principle which regulates the movements; 3rd, *medulla oblongata*—seat of the principle regulating the vital functions. The *spinal cord* (*medulla spinalis*) is connected with the brain by the *medulla oblongata*. The brain proper (the cerebral hemispheres) is that portion of the encephalon situated above the corpus callosum. The grey matter evolves, and the white conducts, nervous power. CONTRACTILITY is the property peculiar to fibrous texture, whereby it is capable of shortening its fibres. MOTION is of three kinds, *contractile*, dependent on muscle; *diastaltic* or *reflex*, dependent on muscle and spinal cord; *voluntary*, dependent on muscle, spinal cord, and brain. SENSIBILITY is the property peculiar to nervous texture, whereby it is capable of receiving impressions. SENSATION is the consciousness of receiving such impressions.

Circulatory System.

HEART.—Palpitation, uneasiness or pain.
Inspection—Visible pulsation, situation where apex beats. *Percussion*—Amount and extent of dulness. *Auscultation*—Action and rhythm; sounds at apex of heart and at base; if abnormal, their character, and the position or direction in which they are heard loudest. Effect of posture and exertion on sounds.
Palpation—Place the hand over the præcordial region, and note any thrill or tremor. Arterial pulse, number of beats in a minute, large or small, strong or feeble, hard or soft, equal or unequal, regular or irregular, intermittent, &c. If an aneurismal swelling exist, its situation, pulsations, symptoms, extent, and sounds must be carefully examined. Venous pulse, if perceptible, observe position, sound, force.

MEMORANDA.—Take the nipple as a superficial landmark. It generally is situated over the fourth rib, about three quarters of an inch external to its cartilage. The heart's apex beats between the fifth and sixth ribs, about an inch inward, and two inches downward from the nipple. The place and extent of the heart's impulse vary, however, a little with the position of the body. In health, the extent of transverse dulness is from two to two and a-half inches. The sounds of the aorta are to be studied at the right edge of the sternum in the second intercostal space. From there the stethoscope may be carried to the second costal cartilage of the right side—"the aortic cartilage"—and down to the left edge of the sternum opposite the third intercostal space: that is, not far from the seat of the aortic valves. The pulmonary orifice lies very close to them, but the artery itself extends to the second costal cartilage on the left side—"the pulmonic cartilage." Its sound may therefore be isolated in the second intercostal space, near the left edge of the sternum. The mitral is listened to immediately above the beat of the apex. The sounds of the tricuspid, and of the right ventricle, may be sought for in the vicinity of, and somewhat above the ensiform cartilage. The outline and movements of the large arterial trunks are not visible to the eye in a state of health. In very emaciated persons, the pulsation of the aorta in the epigastrium may be seen, however; and if the arch of that vessel lies unusually high, slight impulsive motion may be visible in thin people above the sternal notch. The carotid pulses can scarcely be seen, if the neck be tolerably provided with soft parts; the same statement applies to the smaller arteries.

Respira- tory system.	{ NARES.—Discharges, sneezing, movements of alæ in respiration. LARYNX and TRACHEA —Voice natural or altered in quality, hoarse- ness, difficulty of speech, aphonia, &c. If affected, observe condition of epiglottis, ton- sils, pharynx, by means of a spatula—of larynx, by laryngoscope. LUNGS.— <i>Inspection.</i> Size, shape, mobility, of the whole chest, and
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Respira-
tory
System.

of special regions, rounded or flattened, symmetrical or not. Movements, regular, irregular, equal, their amount, &c. *Percussion*.—The corresponding regions of the two sides to be percussed alternately. Comparative resonance, increased or diminished; dulness, degree of resistance, cracked pot sound, &c. *Auscultation*.—Apply the stethoscope to the regions of the chest, and listen carefully to the sounds during ordinary respiration, forced respiration, coughing and speaking; if abnormal, note their character and position. *Palpation*.—Place the hands on corresponding parts of the chest, and note the comparative expansion of the walls, and the vibration (fremitus) during speaking, &c. *Mensuration*, in minute examinations, and to test the correctness of inspection. *Succussion*. Note state of respiration, easy or difficult, quick or slow, equal or unequal, painful, &c. Dyspnoea, odour of breath. Expectoration—trifling or profuse, easy or difficult, its character, thin or inspissated, frothy, mucous, purulent, or mucopurulent, rusty, bloody; microscopical examination. Hæmoptysis—colour, appearance, and amount of blood discharged. Cough—rare or frequent, short or long, painful or not, moist or dry.

MEMORANDA.—In health, the movements in which the entire thorax is concerned, are *expansion* and *elevation*. During *INSPIRATION* the walls of the chest diverge from their central axis—the sternum and the anterior segment of the ribs passing some-

what forwards, the lateral outwards, and the posterior backwards from that axis (*expansion movement*). At the same time, the anterior walls, and, with the exception of the three or four last ribs which are, on the contrary, depressed, the lateral walls also rise upwards (*elevation movement*). During EXPIRATION, the walls of the chest are restored to their previous condition by the converse movements of *retraction* and *depression*. The enlargement of the lungs, and descent of the diaphragm in inspiration, forces down the subjacent viscera, and causes protrusion of the abdominal walls, especially anteriorly; during expiration, these walls recede. The *thoracic* movements predominate in the *female*, the *abdominal* in the *male*. Ratio of *inspiration* to *expiration*, very nearly as 3 : 1, in point of intensity and duration. The average frequency of *respiration* in the adult is twenty per minute. The natural ratio of the *respiration* to the *pulse*, about 1 : 4. Application of the hand to the surface below the clavicles in the *female*, below the epigastrium in the *male*, is the readiest way of ascertaining the frequency of *respiration*. Marked deformity of the chest, congenital or acquired, impairs the percussion note over lung healthy in itself. In infancy, the intensity of the *respiration* sounds is considerably greater than at a more advanced age (*puerile respiration*). In old age, the intensity of the sounds is somewhat diminished, the duration of inspiration lessened, while that of expiration is increased (*senile respiration*). The *respiratory* sounds are generally louder in the *female* than in the *male*, and on the right than on the left side. The sounds are fuller superiorly than inferiorly, especially in women, and in front than behind. The only points where *bronchial respiration* is heard in the healthy chest, are over and on each side of the first bone of the sternum in front, and generally between the scapulæ, on a line with the second and third dorsal vertebræ behind.

Digestive Organs.	{	<p>MOUTH.—<i>Lips</i>, <i>teeth</i>, and <i>gums</i>, taste in the mouth. <i>Tongue</i>, mode of protrusion, colour, furred, coated, fissured, condition of papillæ, moist or dry. <i>Fauces</i>, <i>tonsils</i>, <i>pharynx</i>, <i>œsophagus</i>. Deglutition, regurgitation. STOMACH.</p>
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Digestive
System.

—Appetite, thirst, epigastric uneasiness or pain, swelling, nausea, vomiting, character of matters vomited, flatulence, eructation. Constipation, diarrhoea, character of dejections, hæmorrhoids. ABDOMEN.—*Inspection*.—General appearance and size, pulsation, respiratory movement. *Palpation*, *pain*, precise seat and extent, severity, special character, time of its occurrence, duration. Effect of posture on pain, effect of pressure with flat hand, or points of fingers in increasing or relieving it, effect of coughing, &c., does it precede or follow defæcation? Fluctuation. Enlargement of liver, spleen, &c. Tumours, their size, form, position, mobility, and whether connected or not with the different organs.

MEMORANDA.—To inspect the abdomen satisfactorily, the patient should be placed in an easy attitude, and when practicable, either standing or sitting. The recumbent position is less eligible. The abdomen is much larger in comparison to the size of the chest in childhood, than in adult age, also larger in females, especially if they have had children. To use palpation with most effect, the patient should be placed on his back, with his knees drawn up. The same position should be used for percussion. The superior limit of the liver is generally found, by percussion, about two inches below the right nipple. Its inferior border descends to the lower margin of the ribs. The extent of liver dulness in the healthy state is in general two inches on the left side, three inches in the hepatic region anteriorly, and four inches in the hepatic region laterally. To find the limits of the spleen, we must place the patient on his right side, with his legs flexed, and then percuss with some force in a line from the axilla to the crest of the ileum. At the ninth or tenth rib, the sound becomes dull, and there is much greater resistance to the finger.

This is the upper boundary of the spleen, the lower boundary, in the same line, is about the twelfth rib. The spleen is not so easily circumscribed as the liver, and when it eludes detection by percussion, we may infer that its dimensions are small.

Genito-
Urinary
System.

UTERUS.—Condition of menstrual discharge, amenorrhœa, dysmenorrhœa, menorrhagia, leucorrhœa, &c. If there be much pain or leucorrhœal discharge, examine os uteri and vagina with speculum. Uterine or ovarian tumours, pain in back; difficulty in walking or in defæcation; functions of mammæ.

KIDNEY—Lumbar pain. *Palpation. Percussion.* BLADDER.—Micturition, frequency, pain, difficulty. *Urine*, quantity, quality, colour, specific gravity; precipitates as determined by the microscope and chemical tests; action on test papers. *Urethra*, stricture, discharges, spermatorrhœa.

MEMORANDA.—Very little information can be obtained by percussing the kidneys. *Percussion* of the bladder is of great service in cases of apoplexy, fever, paraplegia, &c. The function of the kidneys is to remove water and nitrogen from the system, at the same time that they take from the blood many of its salts. The urine, in its healthy state, is a fluid of an acid reaction, of an amber yellow colour, and of a specific gravity of 1018 or 1020. The quantity voided daily varies from forty to fifty ounces. The principal ingredients of urine are—urea, the alkaline sulphates, phosphates, uric acid and urates, chloride of sodium, mucus, colouring matter, and a large proportion of water. The acidity of healthy urine depends, in all probability, on acid salts, especially the acid phosphate of soda. The degree of acidity is not always equal. If no food have been taken for hours, the discharge is highly acid; that passed after a meal and while the process of digestion is going on, is but faintly so.

2. EXAMINATION of GENERAL SYMPTOMS. POSITION in bed, mode of lying; out of bed, movements. ASPECT of body, of countenance. SKIN—eruptions, scars. PULSE. RESPIRATION. TONGUE. TEMPERATURE. General State of Digestion. General State of Urinary Secretion. Sensations of patient, pain, &c.

IV. PREVIOUS HISTORY.—CONSTITUTION and *general health; hereditary predisposition; previous diseases or injuries; habits and mode of life; hygienic influences* to which exposed.

V. TREATMENT AND PROGRESS OF THE CASE—

MEMORANDA.—Enter carefully the diet and prescriptions. Daily watch the symptoms, make fresh examinations, note any changes, and in particular the result of the treatment, the date of the cessation of the different symptoms of the disease, and the period of convalescence or recovery, and of discharge from Hospital. If the case prove fatal, the phenomena of approaching death should be accurately noted, and also whether the fatal termination be accompanied by symptoms referable to coma, syncope, asphyxia, &c., the condition of the mental faculties, and whether convulsions be present or not.

EXAMINATION OF THE BODY AFTER DEATH.

1. EXTERNAL.—Number of hours after death. General aspect and condition of body, marks on the surface, &c. In cases of suspected death by violence, great minuteness in the external examination is necessary.

2. INTERNAL.—HEAD, SPINAL COLUMN, NECK, CHEST, ABDOMEN, BLOOD.

3. MICROSCOPIC examination of morbid textures.

MEMORANDA.—If organs are healthy, this should be distinctly stated. In describing morbid appearances be careful to state the physical properties of an organ or texture, such as size, form, weight, colour, position &c.; and avoid all theoretical language, such as its being inflamed, tubercular, or cancerous, as well as such indefinite description as small or large, increased or diminished, &c. Size should always be stated in feet and inches, and the amount of fluid in quarts, pints, or ounces.

Average Weight of the Principal Organs in Healthy Adults.

BRAIN.		HEART.	
Male.....	49½ oz.	Male.....	11 oz.
Female.....	44 „	Female.....	9 „
LUNGS.			
<i>Right.</i>		<i>Left.</i>	
Male.....	24 oz.	Male.....	17 oz.
Female.....	21 „	Female.....	15 „
LIVER.		SPLEEN.	
Male.....	50 oz.	Weight uncertain—it may fluctuate between 4 and 10 oz.	
Female.....	45 „		
KIDNEYS.			
Male.....	5½ oz. each.	Female.....	5 oz. each.

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